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The HOSPITAL MEDICAL and NURSING WORLD

CONTINUING THE HOSPITAL WORLD

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HOSPITAL ITEMS AND NEWS

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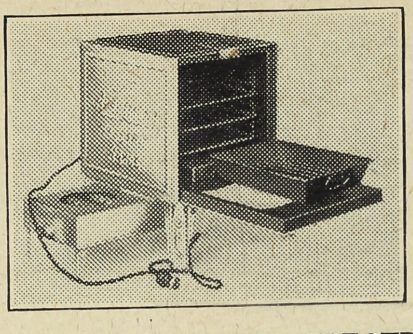
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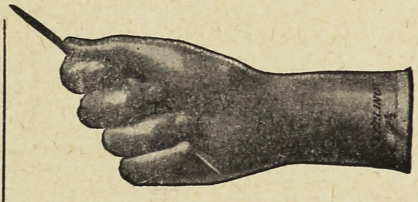
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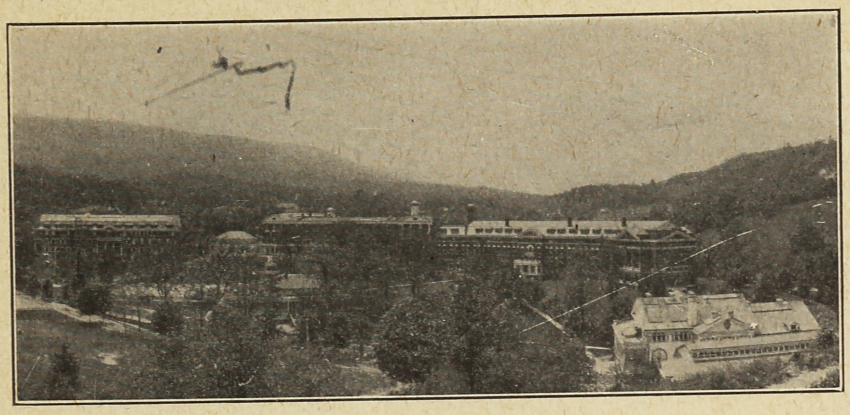
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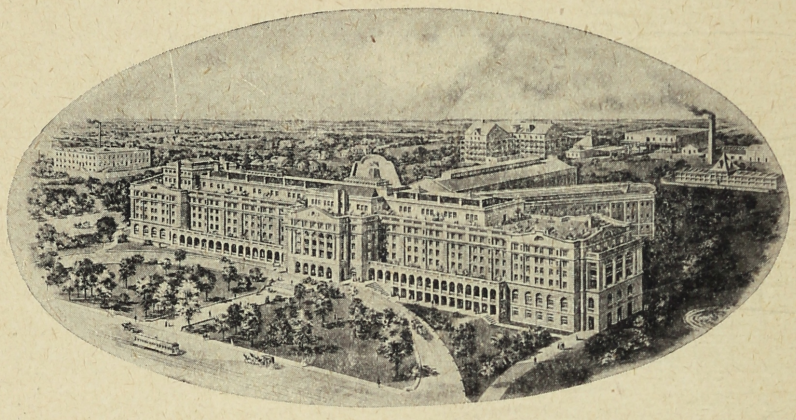
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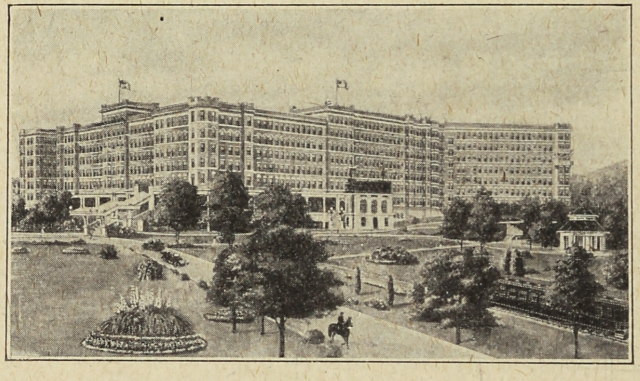
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THE HOSPITAL, MEDICAL AND NURSING WORLD

TORONTO, CANADA

A professional journal published in the interests of Hospitals, and the Medical and Nursing Professions.

VOL. XXX TORONTO, DECEMBER, 1926 No. 6

Editorial

New Zealand Hospitals

Dr. M. T. MacEachern, Director of Hospital Activities of the American College of Surgeons, has returned from a visit to the Dominion of New Zealand, where he made a survey of the hospitals for the New Zealand Branch of the British Medical Association.

There are forty-five hospital districts, each having a Board of from eight to twenty members, chosen from the borough councils, town boards, county councils and road boards. The boards manage the hospitals and outdoor medical and nursing service, and administer charitable relief. These activities are performed through base hospitals, secondary hospitals (district and cottage), special hospitals, maternity, infectious and tubercular; and by old people's homes, with annexes for tubercular patients and mental cases.

These hospital boards are under the control of a Dominion minister of health. No capital expenditure over £250 may be undertaken without his approval.

The hospitals are supported by the municipalities and the state and no New Zealander need lack the care of a hospital be he never so poor. A grand feature.

With a view to increasing voluntary contributions, Dr. MacEachern, the surveyor, has urged a system for the securing of gifts and benefactions from life governors, special funds and endowments. He has also recommended the establishment of women's auxiliaries to supplement the work of the trustees. We question the advisability of this in a socialistic community like New Zealand.

Hospital trustees are elected, not nominated. We infer Dr. MacEachern does not approve of this, but rather, under his projected system, thinks that certain of them should be nominated. He recommends that the Department of Health be superseded by a non-political board consisting of representatives of the Ministry of Health, hospital boards, and of the British Medical Association. These would control hospital policies, co-ordinate hospital districts, boards and hospital activities. He recommends a lightening of the economic burdens by a hospital organization "whose framework is too massive for the needs of the Dominion." He would reduce the number of districts by over one-half and develop in each district a hospital "set-up" to efficiently supply the district needs. This set-up includes a central hospital board, a metropolitan base hospital, and secondary, cottage and special hospitals according to local conditions.

The metropolitan hospitals should be up-to-date in all particulars—prepared to do all needed diagnostic investigations and equipped completely with all needed therapeutic apparatus. The secondary hospitals should be also well equipped for diagnostic work and able to treat all ordinary cases. The cottage hospitals would care for maternity cases and give first aid to emergency cases, passing on those

that required prolonged attention to the secondary or base hospitals.

Dr. MacEachern considers the missing link in the New Zealand Hospitals to be the lack of wards for paying patients. He criticizes the hospitals for looking after chronic and incurable cases; these should be cared for in special institutions. He would have competent constructive supervision of all the Dominion hospitals. This would lead to standardization, which means better medical practice in the hospitals and improved hospital service. A systematic survey should be made of the hospitals of each district by, say, the superintendent of the base hospital.

Dr. MacEachern would abolish the stipendiary (paid), medical staff and appoint an honorary medical staff in its place, this new staff to include as many as possible of the doctors practising in the community. The advice of the doctors in each community should be sought on professional matters and policies at frequent round-table conferences, where joint discussions regarding mutual problems would be discussed. He would have the honorary staff appoint an advisory committee which would act as a link between the general medical staff and the trustee board.

Dr. MacEachern would do away with the tri-partite management of the New Zealand hospitals—where there is a medical director, a matron and secretary, all of equal status. There should be only one head.

Outside medical men should be allowed to follow their private patients into the hospitals and be paid for their care, providing they conform to the regulations of the hospital. He would not allow midwives and nurses to conduct the ordinary confinements;

but hand the work over to the resident medical officers under the personal supervision and attendance of an honorary obstetrician.

He would not allow untrained resident physicians to administer anæsthetics. He would encourage the training of special anæsthetists; and presumably these would supervise the training of the internes in this important branch of hospital work.

Only one hospital had a full-time dietician. All the base and secondary hospitals should be provided with one.

Many of Dr. MacEachern's recommendations are good; but we question whether the New Zealanders will swallow his recommendations *in toto*. We would not recommend them to.

Habeas Corpus

The recent action of a Toronto public hospital in detaining a medically-discharged patient until his hospital bill was paid aroused an amused, if somewhat surprised, interest in both fellow-institutions and citizens generally.

It is the custom of public hospitals to require full payment of the patient's account before he leaves the institution. This applies to both private and semi-private wards as well as to paying patients in the public wards. The reason, of course, is obvious.

If the money is not forthcoming, a little judicious pressure is usually brought to bear by suggestion that a day's further stay in the institution may produce it. In fact the patient is really detained without realizing that this is the case. As a rule the uncomfortable consciousness that the bill is mounting brings the private-ward patient or his financial sponsors promptly to time, either with money down or a sufficient guarantee.

The instance in point seems to have been one of a hurried operative case taken first into a semi-private ward and later, when the financial status was discovered, removed to the public ward—a condition which often obtains in public hospitals. It is assumed that the patient would be equally well cared for in either.

Regarding the extra charges in this instance, this journal pointed out in its August number the strong objection felt by the public to these additions for laboratory, drugs, anæsthetics, and other services. They are not mentioned when the patient enters, and are usually unexpected and resented additions to the hospital bill; and this journal suggested that if possible a flat rate should be made inclusive of all charges except physicians' and surgeons' fees.

This system is satisfactorily carried out in at least one American hospital.

The sympathy of fellow institutions with the hospital in question arises from their own daily struggles with similar problems; and these arise largely from the fact that the public still views general hospitals as more or less charitable institutions which as taxpayers it helps to support.

While citizens at large, secure in their knowledge that enforced imprisonment for debt is a thing of the past, and realizing that a hospital is a fairly comfortable place of detention for a discharged convalescent, smile amusedly and are inclined to believe that, in this instance the patient has the best of it.

Nevertheless, since the bill was not large and the institution in question is a public one, supported partly by the taxpayers and partly by voluntary gifts, it would have been perhaps more profitable in the end to have let the patient go and have avoided undue publicity.

According to the County Crown Attorney there is no legal warrant for holding a patient; there may be liens on property, but not on persons; there may be no imprisonment for debt.

Landlords have the right to hold goods belonging to tenants or roomers who have not paid their rent. Watch repairers may hold a watch until it is paid for. But there is no lien possible on a human body."

Mr. Armour told of a rather peculiar case that came to his attention some years ago. An undertaker was asked to embalm for burial the body of a man. He demanded payment before the burial. The family could not put up the money. He then refused to give them the body. There was no funeral. The family may have assumed that he would inter the body, not giving them the satisfaction of a funeral service. But it seems that the undertaker had made such a fine job of the embalming process that he decided to keep the body in his establishment as an exhibit of his workmanship, and an advertisement to get business. He is said to have kept it for two years. Then the dead man's relatives heard of it, and decided that it was time the body was given proper burial. They demanded the body. He again refused to give it up. Then they went to the crown attorney. He summoned the undertaker. "I have a lien on that body," said the embalmer. "Not so," said the crown. "You cannot have a lien on a human body. Give it up and do it quickly."

And then the undertaker parted with his human advertisement.

An Unusual Plea

Quite recently an unusual defence was set up in a London, England, police court, when a physician of standing was charged with being drunk while

driving a motor car. Police evidence showed that the doctor driving along a street had mounted the footway and run his car into a lamp post, whence it rebounded and came to rest on the opposite side of the street.

For the physician's defence it was urged that he was not drunk at the time, but was suffering from an overdose of insulin; and four doctors testified that the symptoms of such poisoning might easily be mistaken for drunkenness. One of the doctors asserted that a man taking an overdose of insulin after a meal would be a public danger and unfit to be in charge of a car.

The effects of an overdose of insulin, as stated by Dr. Banting, endorses the opinion of this medical expert called in defence. Quoting excerpts from an address made by Dr. Banting, in 1925, he says:

"When a patient is given too large a dose of insulin a marked reaction is produced, commencing in from one and a half to six hours after the patient receives the overdose. The warning of this reaction is an unaccountable anxiety and a feeling of impending trouble, associated with restlessness. . . Very soon there is a certain sensation of clonic tremor in the muscles of the extremities. Co-ordination is impaired for the more delicate movements. . . The blood-pressure falls and the patient feels faint. The ability to do physical or mental work is greatly impaired. If the reaction is severe more extreme symptoms are collapse, unconsciousness, convulsions, and finally, death may occur."

The plea that some such condition existed in the case of Dr. Glover—the London physician accused—was not, however, allowed by the Court—possibly for contrary evidential reasons. He was heavily fined and was disqualified from holding a driving license for one year.

The defence, however, opens up a new possibility for defending lawyers in a time-worn charge.

The Hospital, Medical, and Nursing World

(Continuing the Hospital World)

Toronto, Canada

The Official Organ of The Provincial Hospital Associations, including The Ontario Hospital Association, The Alberta Hospital Association, The British Columbia Hospital Association, etc.

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Original Contribution

PRESIDENTIAL ADDRESS*

By Major G. G. Moncrieff, Petrolia, Ontario

Ladies and Gentlemen:

It is my privilege as president to declare this convention of the Ontario Hospitals Association duly opened. It seems inevitable that these affairs demand an address from the president. Our programme is a sumptuous one—the subjects are all serious ones. Hospital work is a serious business.

At the outset I desire to offer my thanks for the important honor conferred upon me a year ago, my election as president of your association. I deem it a signal distinction in the fact that I am neither an administrative hospital superintendent nor am I a member of the medical profession. I can assure you it is no idle post. There has been much to do. I have had the pleasure of visiting hospitals as far east as Ottawa and as far west as Port Arthur and Fort William. Much more remains to be done. Would that I had the time and talents to do adequate justice to the office. Failure in any phase of my duties has not been due to lack of interest in my task.

We labor under a slight handicap at this convention. Only a week or two ago our secretary received an invitation to join the League of Nations personnel at Paris for a period of special service. It was a flattering compliment. There was no alternative but acceptance. The indirect lustre of the appointment is shared by your association and by the Ontario Red Cross, of which he was also secretary. Dr. Routley will be greatly missed at this convention. His intimate knowledge of our affairs, his capacity for action, his gift of expression cannot be replaced by our office files and records. We owe Dr. J. N. E. Brown a debt of gratitude for consenting to step into the breach in Dr. Routley's absence. The task will not suffer in his hands.

*Delivered at The Ontario Hospitals Association Convention, Toronto, October, 1926.

The thanks of your association must also be accorded to the vice-presidents, the directors and the members of the various committees, for their admirable efforts during the past year.

Why an association of the hospitals and Sanatoria of Ontario? There is no occasion to try to persuade my hearers of the sound reasons for our existence. You are already converts to the cause. But it does seem wise that we stress to ourselves and drive home to our members the aims and objects our our trust. We must first believe in ourselves and our work before we can successfully spread the gospel of the hospital and the task of our association.

There are many reasons for the existence of our association based on mutual improvement, the setting up of high ideals and lofty principles for the operation of our Ontario institutions. We shall not allude to these, but shall refer only to two practical and militant ones.

Firstly, the hospitals of the Province have great and just needs, material, legislative and otherwise. Many of these cannot be secured singly—they can only be secured by unity of action. The voice of the single hospital could not be heard in this clamorous and blatant age. It is the part of wisdom to have a spokesman authorized to speak for our hospitals collectively, to act as an advocate at headquarters, to make requests, to defend our cause, to fight for our rights. Hence our association.

Secondly, the Government, the department in charge of hospitals and constituted authority everywhere may desire from time to time to confer with some unit, call it association or what you will, entitled to speak for the hospitals of the Province. Hence, again, our association.

We are glad to report that our membership is the highest in its history. Nevertheless, our roll should be larger. It is in the interest of every institution to be a member of our association. Our work is on behalf of every hospital and sanatorium in Ontario, whether dealing with mental or physical ailments. We are fighting the battles of all of them, large and small. Our achievements enure to the benefit of every institution. The amount accruing to certain of our hospitals in good Canadian currency by the action of your association in one instance alone, would pay the annual dues of those hospitals as long as they can expect to last. We should aim to secure close to one hundred per cent. of the hospitals of Ontario as members of our body. The Hospital Association of one of the provinces of the Dominion has on its roll of members every single in-

stitution in that Province. Ontario should approximate that result.

At a recent meeting of Canadians connected with hospitals and hospital associations from Vancouver, B.C., to St. John, N.B., the flattering suggestion was offered that the annual meeting of our Ontario Association should be the forum for the associations of all the other Provinces for the purpose of dealing collectively with matters of Dominion-wide significance. It goes without saying that representatives of our sister associations will always have a warm welcome at our meetings, but in this instance other counsels prevailed when it was resolved that whenever questions of national import arose requiring federal action, delegates from the several provincial associations should be summoned at a time and place to be named.

At your last annual meeting a trustees section was added to your organization. We trustees have a lot in common—not the least of which is our ignorance of many features of hospital administration with which we ought to be familiar. I believe trustees on occasion follow unbusinesslike methods in their hospital work that they would not countenance in their private affairs. Great benefit can be obtained from the comparing of notes and the sharing of experience with the "other fellow." We hope to secure a wider co-operation from the governors of hospitals throughout the Province.

At the annual meetings of the American Hospital Association (which might more appropriately be called the North American Hospital Association) the comprehensive exhibits of hospital equipment and needs of every character is of more genuine benefit than the talented programme furnished by authorities selected from the ends of the continent. Owing to difficulties of securing a suitable place for exhibits I regret that arrangements could not be made this year for exhibits in connection with our own convention. One provincial association in Canada this year secured a floor space revenue from exhibitors equal to one-half of the total annual fees received by your association. We are unable to say whether similar results are possible here, but we offer the suggestion that you should authorize your executive, or preferably, if you will, name a small competent committee to endeavor to carry this out at our next convention.

Toronto has a very fair chance of securing the 1928 convention of the American (I prefer the name "North American") Hospital Association. In the interest of hospital work in Ontario your president deemed it his duty to join a delegation to present the claims of Ontario's capital for 1928. This North

American Hospital gathering is no "small potatoes." It is no side-show. It is a real affair. At the recent gathering there were over 3,000 registered, and probably 5,000 present. Montreal had the convention six years ago. The turn of the wheel will normally bring it back to Canada within the next year or two. Toronto would be the logical location and Toronto has the facilities. It would be an inspiration and an education to all hospital people within reach of Ontario's metropolis.

It is our pleasure to record during the past year further evidence that the Workmen's Compensation Board desires to treat our hospitals justly. The Board at a conference with your legislative committee and executive accorded us an additional fifty cents per day in a class of cases brought to the attention of the Board.

We do not concede this to be 100 per cent. of the cost of the care of their patients, but it is an additional step in the right direction.

Do we realize the place the hospital has achieved in modern life? The hospital as we know it to-day, notwithstanding some hoary antecedents, is assuredly a recent institution. We do not need to travel far back to the period when the public bade farewell to its friends on entering a hospital; when "cross infections of the most virulent form were almost universal," and when it was commonly regarded as a death house or a morgue. Now, all is changed. The hospital is fast supplanting the home. There are many ailments that cannot be adequately cared for in the home. The changes in modes of life, the crowding into closer quarters, particularly in the large centres, render the so-called home ever less adapted to the care of the sick. The mansion of the millionaire is in many cases little better than the hut of the poor. The recent rapid development of the science of medicine has brought us to the point where the facilities for diagnosis and treatment "absolutely necessary to the proper care of the sick are found only in hospitals." To those of us who are concerned with hospitals, these things are platitudes. But we must not forget that there are classes and localities, happily growing fewer, where still exists an aversion for the hospital due to ignorance of its greater comforts, of its superior facilities and of all those things which to us are everyday truths.

But the modern hospital is more. It is a place for research work. It is a health centre. It educates every patient. It teaches him something of ventilation, of hygiene, of the value of fresh air and sunshine and, sometimes too, the virtues of wholesome food, palatably and scientifically cooked. Every

trained nurse who goes forth is teaching, though perhaps unwittingly, the rules for health and for the cure of ills wherever her duties call her. Community health problems should seek their solution in our institutions. A closer relationship between the community and the hospital should be developed so that with the march of time the latter will become more and more a factor in the prevention of disease.

One of the problems our Ontario hospitals have to meet—one that is epidemic over the North American continent—is how to provide hospital accommodation at reasonable rates for the man of moderate means. That was one of the only two criticisms made in the last annual report issued by the Government. It is rather less a problem with the small and medium-sized hospitals than it is with the larger institutions.

The salient factors are—the rich patient pays more than his share; but the State (by which we mean the municipality and the Province) does not pay the cost nor even a fair share of the true cost of the care of the public or indigent patient. Therein lies one of the first avenues of remedy. A survey of the other Provinces of Canada shows that the amount payable by an Ontario municipality is considerably less than the average paid by municipalities in other Provinces.

A consequent inequitable feature is this—in cases where the municipality in which the hospital is situate pays the hospital's deficit each year, the ratepayer of this municipality is obliged to make up the difference between the actual cost and the $2.00 per day paid by the State. This $2.00 being made up of $1.50 per day paid by the municipality of which the public patient was resident within the meaning of the Hospital Act, plus the 50c daily provincial grant. Take any one example out of a dozen that could be cited. A resident of the Township of Black becomes a public patient in the City Hospital, Hamilton. The actual cost, we will suppose, to the Hamilton Hospital is $3.00 per day. Black Township is required to pay $1.50 per day for his care. The Province makes a grant of 50c per day, total $2.00. Who makes up the difference, $1.00 per day? None other than the taxpayer of the City of Hamilton.

A number of changes should be made in our Ontario legislation:

1. As hospitals are charitable institutions with many disabilities, without any power to call upon shareholders as in the case of a company or to tax property owners as in the case of a municipality, the law as to residence should be so framed as to make it as simple, sure and direct as possible for the hospital to collect from some certain municipality for every in-

digent patient who is admitted for treatment. Under the present law of three months' residence out of the last five, the hospital has no collectable claim *against anybody* in every case where the indigent patient cannot be brought within the language of the Act.

2. The rate payable by a municipality for its indigent patient should be raised to some point nearer the true cost. Our Province is behind in this respect. The recognized modern trend in Canada and the United States is to require the municipality to pay the actual cost for the care of the patient. The municipality pays the current market cost for every other supply and service it obtains; why not when the hospital renders the service? We should ask for justice before we plead for generosity. Debts should be paid before gifts are made.

3. An amount should be payable for infants born in hospital—say, one-half amount payable in respect of adults.

4. The Ontario Government grant to general hospitals should not be cut off in every case at 120 days. None of the Provinces of Canada of which we have data has any limitation of period of grant, except Alberta and Manitoba, each of which has a 120 day limitation with power to extend the time under a system which safeguards the Province and at the same time should treat the hospital with fairness.

5. The provincial grant should be increased. When the Inheritance Tax was first proposed in Ontario it was publicly proclaimed that the proceeds would be largely devoted to charitable institutions. It is beyond question that the very large amount in death duties now exacted from every estate of substantial size not only reduces the material means of the prospective philanthropist, but antagonizes and weakens the spirit of giving. The Province should more adequately implement the promise made when the Inheritance Tax was first established; should return in far greater measure to the hospitals that which is being taken from them indirectly through these taxes.

How to achieve these objects. Firstly, these are not party questions. They should be alike obtainable from any party in power. But no Government, however willing, can safely advance beyond the wishes of its legislature. Legislators are more or less controlled and limited by public opinion. Our first duty begins at home. We should start with all trustees and responsible executives and others actively interested in hospital work. Make them conversant with the facts. Enlighten them as to the righteousness of our claims. Follow this up with the

general public, local councils and the leaders in public life in every part of the Province.

I hope you will elect a strong and influential legislative committee. Much valuable work is before us in this sphere.

I trust you will also see that an active publicity committee is selected. Great things are to be accomplished by letting the world know the legitimate rights and needs of our hospitals.

It is regrettable that the small and medium-sized hospital is paying so much more for supplies than the larger hospital with an efficient purchasing department. Even some of our larger hospitals pay higher prices than need be. There is a remedy—the standardizing of requirements, the reduction of the number of standards and finally a simplified system of co-operative buying. The more information I gather the more convinced I am of the large benefits that lie in this direction. I believe a system is practicable which would be confined at the outset to a limited number of articles, say ten or twelve; that no funds need pass through the hands of the association.

Our present programme includes a paper from one who is an authority on this subject, both in theory and in practice. I should be glad if this association could see its way to recording its approval and appointing a small competent committee with power to act.

One of the most prevalent weak points in Ontario, indeed as everywhere, in hospital operation is the feeding of patients; the quality of the food, the character of the cooking, the serving of hot meals to patients. The squeamish and finicky stomach of the sick man will remember and hold against the hospital the cold or unpalatable dish long after the discomfort of the hypodermic needle has been forgotten, or the clammy though wholesome experience of being bathed in bed has faded from his memory. It is encouraging to note the greater attention now paid to dietetics, the fact that it now represents an indispensable item in our training school curricula. Hospital executives would do well to give further thought to this department of hospital management.

One of the lamentable needs of the Province is more homes for incurables; greater accommodation for those unfortunate chronics who have no legitimate place in the general hospital. One authority reminds us that "One chronic case may occupy for three months a hospital bed that could have served eight or nine acute medical or surgical cases." It is to be hoped that this urgent matter will soon get the attention it demands from the proper authorities.

The foregoing part of my remarks has chiefly to do with material problems. But the subject remains to be treated on a higher plane. The efficiency expert must never be allowed to drive the soul out of hospital work. Give us the latest X-ray equipment, the last word in operating-room supplies, the most up-to-date accounting system, but let us never forget the true and ultimate purpose, the simple comfort and relief of the patient. Courtesy and consideration make more friends for a hospital than any other feature. It would be difficult to say how much the aggregate nursing personnel means in the operation of a hospital. The migh-minded and considerate attitude towards the patient alike of both administrative and nursing staff that now generally obtains should be fostered and encouraged. The average Ontario nurse, the graduate of our well-run hospitals, need fear comparison with none. We cannot, however, expect her to be superior to her Alma Mater. We must not be satisfied with mediocrity in our hospitals. Let us strengthen the hand of authority where it seeks fairly to elevate the standard of our work. Let us aim high. Let us cultivate the highest ideals in our training schools. The dimensions of our institution is not the determining factor; it is the quality of the work.

The nursing profession is so closely bound up with its educational home, the hospital, that it would not be easy to determine where the realm of the one begins and the other ends. Last year a nursing section was created within our association. It has been functioning during the year. It is holding a special session during our convention with a view to the intimate discussion within the exclusive circle of their profession of problems arising out of their work within the hospital. The nurses of the Province have been united as an association for a number of years. Even as the nurse as an individual represents a great power for wood, so does their association constitute a potent force in their chosen sphere. We need not fear that they will encounter that common pitfall—the selfish use of power. I believe the good sense of the Ontario woman and the high calibre of our graduate nurse can be fully trusted not to err in this direction. To the registered nurses of Ontario can be credited a definite share of the recent better systematizing and regulating of nursing education in our Province, of the elevation of the standard of the average of our nursing schools with the inevitable accompaniment of an improvement in the tone of those institutions wherein there was room for improvement.

Hospital Items and News

RESIDENCE FOR NURSES OF GRACE AND WESTERN HOSPITALS, TORONTO

"To create an atmosphere which in every detail of furnishing and decorating would be as far away as possible from the hospital atmosphere was the aim kept constantly before us in planning and completing the new 'Edith Cavell Memorial' Nurses residence," said Major A. C. Galbraith, general superintendent of Toronto Western Hospital, discussing the new building, which was formally opened on October 21st.

Every visitor will admit that this ideal has been realized.

It smacks not the least of the old style "institutional" building, with its uniformity and lack of comforts. In this place are dignity, restfulness, comfort and beauty.

"We were able to plan for and to provide facilities for rest, for study, and for recreation—on a sufficiently generous scale to accommodate all the nurses and their friends at one time," continued Major Galbraith. "We considered nothing too good for the nurses who are to live there. They are all educated young women, and we want to keep the standard high. We are confident that they will live up to the atmosphere of comfort and culture we have provided for them."

A feature of the formal opening was the presentation of a bronze memorial tablet by Dr. Augusta Stowe-Gullen, president of the women's board. Dr. Gullen told of the beginning of the campaign to have the splendid nurses' residence erected and how after ten years this object had been realized.

Dr. Gullen in her remarks said: "Those interested in the Toronto Western Hospital feel an especial joy this evening—because, at last, our memorial nurses' home is built and furnished.

"For many years our 'women's board' have been endeavoring to build an adequate home for our nurses, realizing as we did that nurses should be comfortably housed.

"Our campaign commenced in September, 1916, and finally, with the co-operation of the board of governors, the medical staff, nursing alumnæ and the generous public our object has been accomplished.

"Fortunately, one of the board of governors, Mr. David Fasken, has adopted the Toronto Western Hospital as his particular child, and the generosity of Mr. Fasken can never be for-

gotten by any one connected with or interested in the Toronto Western Hospital.

"Our various staffs are especially happy that they have been enabled to see erected this worthy memorial to this martyred nurse, Edith Cavell, whose loyalty, efficiency, ability to overcome great difficulties, lifelong idealism, and devotion to her profession, will always prove an inspiration to other members of her profession, as well as to other women of all ranks."

Among those who received the guests of the evening were: Mrs. Thomas Crawford, representing the Western Hospital; Mrs. E. R. Wood, representing the Grace Hospital Board; Dr. Augusta Stowe-Gullen, president of the Western Hospital women's board; Mrs. Gilmour, president of the Grace Hospital women's auxiliary; Miss Ellis, superintendent of nurses, Western Hospital, and Miss Rowan, superintendent of nurses, Grace Hospital.

An examination of the new building amply proves the superintendent's phrase "nothing too good" to be no idle assertion. The spirit of the new building is one of charm and appeal; the furnishings would vie with those of the best women's residences in prominent universities, and the color schemes throughout are more reminiscent of some wealthy man's residence than of the usual home for nurses.

The fact that practically all the color schemes and decorative effects have been executed under the supervision of Mrs. Mabel L. Graham, of the Gordon Galleries, is sufficient evidence of the artistry and color psychology that has gone into the furnishings of the new building.

The main reception hall, into which a visitor first steps, strikes the new key-note, with its Jacobean and Old English furniture, its huge mirrors, and its Oriental rugs underfoot. "A hall is worthy of particular attention when furnishing a building," said Mrs. Graham. "It should be regarded as the first introduction to a nice home, not merely as a passage to something else."

The main living-room at the end of a hall is richly furnished in dark warm colors, boasts a magnificent English grand piano, and is hung with a fine Lawren Harris Canadian landscape, kindly loaned to the residence.

The two reception rooms, for the supervisors' and nurses' use in welcoming their guests, are perfect gems in taste and wealth of furnishing. They were fitted up through the generosity of Mrs. E. R. Wood, who assisted with her own fine instinct for color and arrangement in furnishing them.

The library was planned with the ideal of dignity and academic atmosphere in mind. The window hangings are in rich crimson velvet with gold background, the taupe carpet is rich and deep-piled, and the grey walls are hung with etchings of Piranesi and Rossini. Etchings of famous authors and scientists, and wrought-iron lighting fixtures complete a library worthy of Hart House or Wymilwood. The T. Eaton Company donated the furnishings of this unique room.

The suite for the lady superintendent consists of a living room predominated by golds, terra, and greens, with furniture of chaste beauty, and a bedroom with old rose hangings and lamp-shades, restful grey walls, and a four-poster bed and dressing table in walnut.

With all this artistry about, the utilities of life have not been neglected. The kitchen is of the most up-to-date kind, with an electric dish-washer, electric refrigeration, and modern steam-table equipment.

The large dining hall is uniquely finished in two-tone flat color, maroon and green, with tasteful drapes and furniture of new and picturesque design. The authorities are very proud of this room, and point to its spaciousness, its appeal, and its restfulness. "We had in mind the nurse who has to get up at six in the morning and hurry down to her meal when planning that room," said Mrs. Graham. "We wanted color schemes and furnishings that would help her get into a happy mood for the day."

There are seven sunrooms, on floors three to nine inclusive, and each one is finished in a style and color arrangement of its own. These are "kimona" rooms, in which the nurses can congregate, in negligee, for an informal half-hour before going to bed. Each floor has a kitchen in which light refreshment can be prepared. High above everything else there is an airy retreat in the form of a roof garden.

The residence, for Western and Grace nurses, will accommodate 178. It is expected and hoped that the new building will be an attraction to nurses and probationers.

All lectures will be given in the new building. A model hospital suite and two classrooms provide the means for this.

Generous bequests have made the new building possible. Besides those already mentioned, some of the other contributors are: The Robert Simpson Company, who generously assisted the women's board of Toronto Western in furnishing the large living-room; Mr. and Mrs. Harold F. Ritchie, who furnished the supervisor's suite; the women's auxiliary of Grace Hospital, which furnished the sunroom on the ninth floor, and the Dread-

nought Chapter of the Daughters of the Empire, the members of which gave a large sum towards the English grand piano.

Supervisor Miss C. MacLennan will devote the whole of her time in caring for the comfort, the recreation, and the health of the nurses.

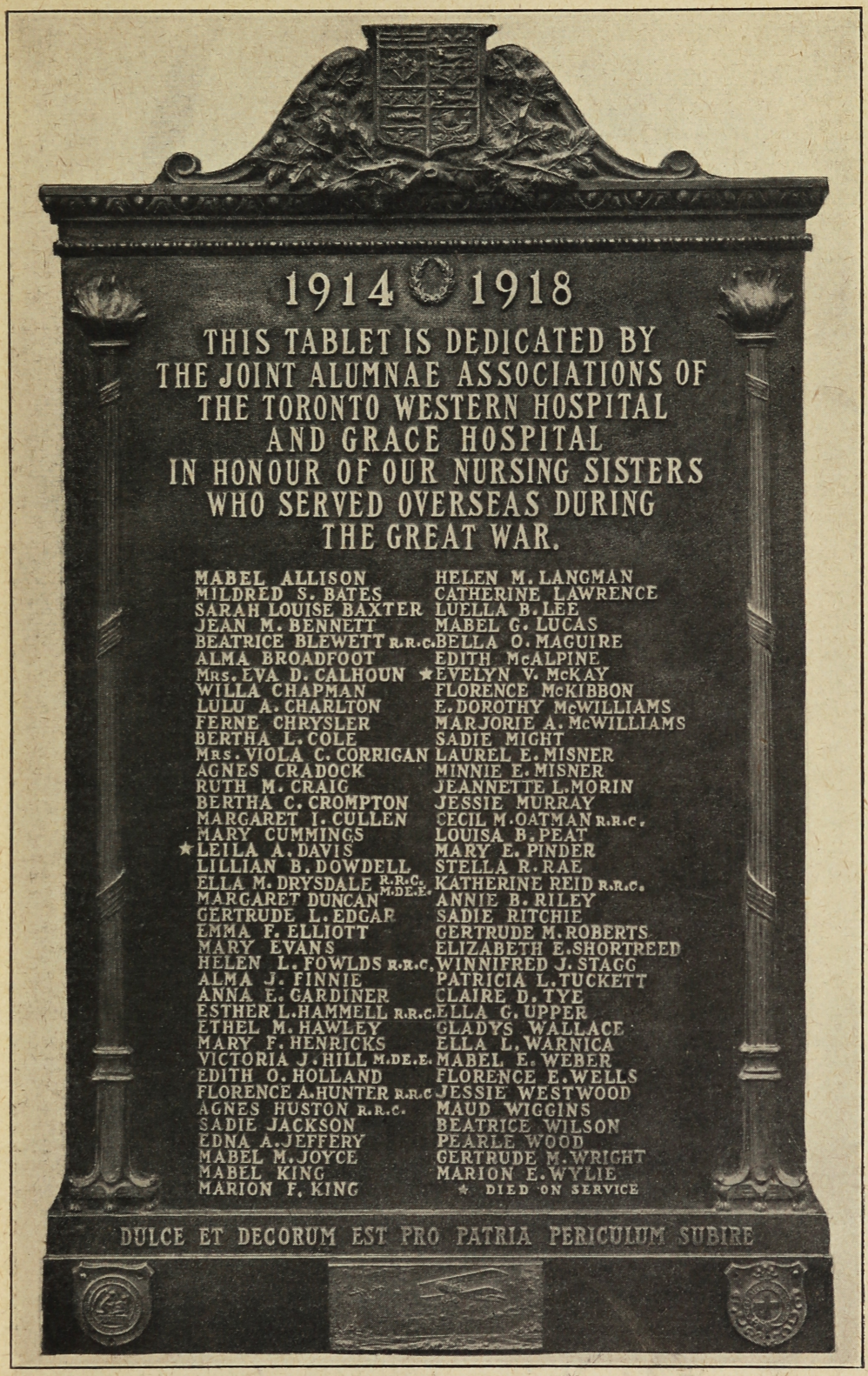
General Superintendent Galbraith describes the new building as the most modern in Canada, and hardly to be surpassed by any nurses' residence on the continent.

Major Galbraith ascribes a large part of the success of the new building to his assistant superintendent, A. J. Swanson.

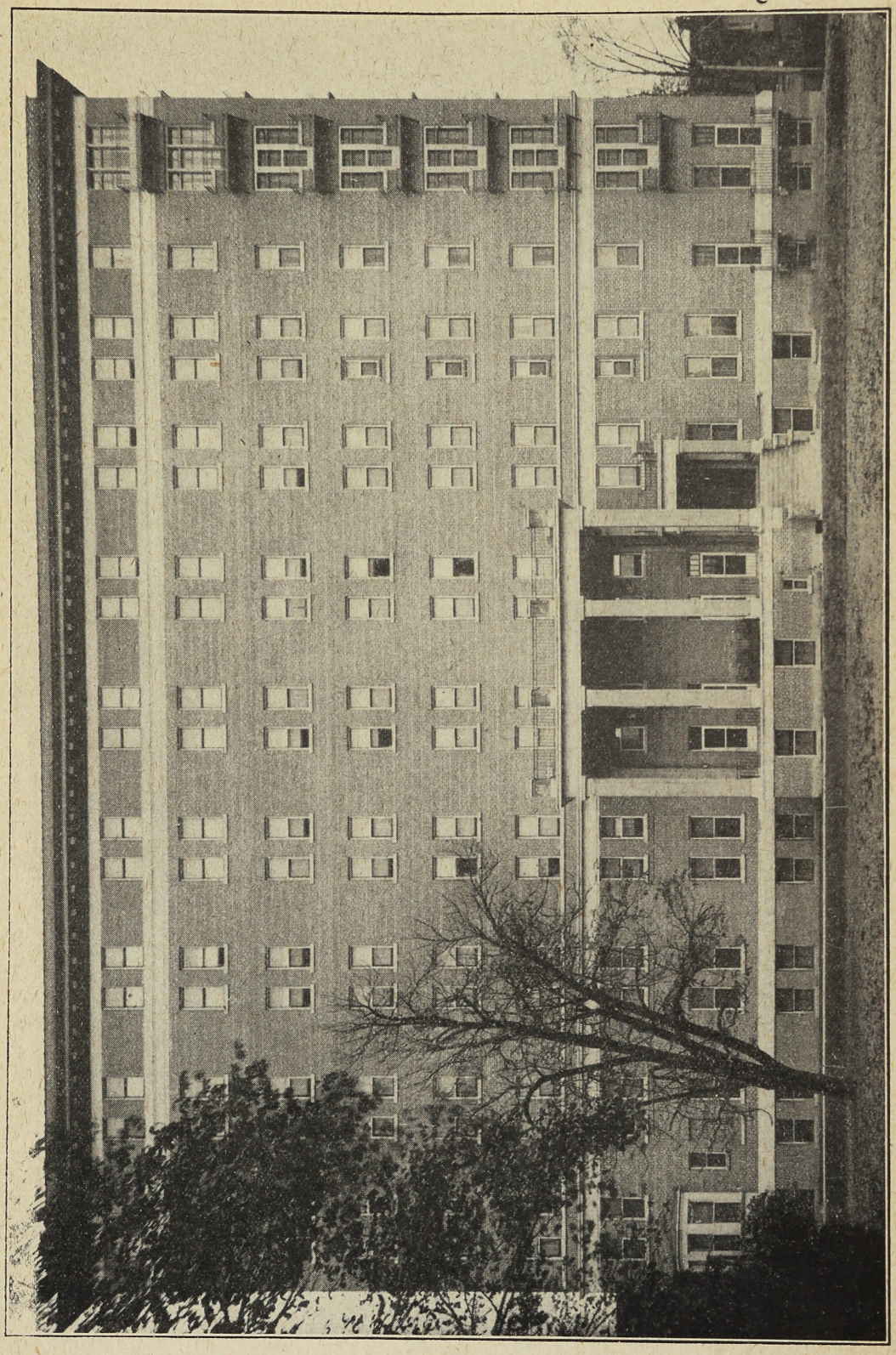
Miss Beatrice L. Ellis is the superintendent of nurses at the "Edith Cavell" Memorial Residence, Miss Ida McAfee, assistant superintendent, and Misses Esther Cunningham and Gladys Sharp instructors.

The nursing sisters who served overseas, whose names are inscribed on the roll of honor, as are as follows: Mabel Allison, Mildred S. Bates, Sarah Louise Baxter, Jean M. Bennett, Beatrice Bluett, R.R.C., Alma Broadfoot, Mrs. Eva D. Calhoun, Willa Chapman, Lulu A. Charlton, Ferne Chrysler, Bertha L. Cole, Mrs. Viola C. Corrigan, Agnes Craddock, Ruth M. Craig, Bertha C. Crompton, Margaret I. Cullen, Mary Cummings, *Leila A. Davis, Lillian B. Dowdell, Ella M. Drysdale, R.R.C., M.D.E.E., Margaret Duncan, Gertrude L. Edgar, Emma F. Elliott, Mary Evans, Helen L. Fowlds, R.R.C., Alma J. Finnie, Anna E. Gardiner, Esther L. Hammell, R.R.C., Ethel M. Hawley, Mary F. Hendricks, Victoria J. Hill, M.D.E.E., Edith O. Holland, Florence A. Hunter, R.R.C., Agnes Huston, R.R.C., Sadie Jackson, Edna A. Jeffery, Mabel M. Joice, Mabel King, Marion F. King, Helen M. Langman, Catherine Lawrence, Luella B. Lee, Mabel G. Lucas, Bella O. Maguire, Edith McAlpine, *Evelyn V. McKay, Florence McKibbon, E. Dorothy McWilliams, Marjorie A. McWilliams, Sadie Might, Laurel E. Misner, Minnie E. Misner, Jeannette L. Morin, Jessie Murray, Cecil M. Oatman, R.R.C., Louisa B. Peat, Mary E. Pinder, Stella R. Rea, Katherine Reid, R.R.C., Annie B. Riley, Sadie Ritchie, Gertrude M. Roberts, Elizabeth E. Shortreed, Winnifred, J. Stagg, Patricia L. Tuckett, Clare D. Tye, Ella G. Upper, Gladys Wallace, Ella L. Warnica, Mable E. Weber, Florence E. Wells, Jessie Westwood, Maud Wiggins, Beatrice Wilson, Pearle Wood, Gertrude M. Wright, Marion E. Wylie.

*Died on service.



Tablet dedicated by the Joint Alumnæ Associations of the Toronto Western and Grace Hospitals in honor of their nursing sisters who served overseas during the Great War.
(Designed and executed in Cast Bronze by J. G. Tickell & Sons, Toronto)



The Edith Cavell Memorial Nurses' Residence, Toronto Western and Grace Hospitals.

ROYAL FREE HOSPITAL

Pleading the cause of the Royal Free Hospital at the festival dinner on June 29th, in the beautiful hall of the Merchant Taylors' Company, Threadneedle Street, Lord Riddell, the president, who occupied the chair, at the close of the proceedings, announced a subscription list of £13,000. Towards this sum an anonymous donor contributed £5,000, and the chairman gave a similar amount. This was the first occasion, Lord Riddell said, that the hall had been used for a charity dinner. There was a large gathering.

Sir Hamar Greenwood, K.C., M.P., proposing the toast of "The Hospital," said the institution was the pioneer in advancing the status and usefulness of women in medical science. In raising the position of women the hospital had played a very important part, and had contributed greatly to the marvellous achievements of the civilized world. It could claim to have a great section of women medical students, and in that respect alone it was doing a great work.

Lord Riddell, in responding, appealed for funds for the hospital, and mentioned that they unfortunately had an overdraft at the bank of £20,000. They were treating at the institution, seven hundred people a day, but the surprising thing was that the more they did the more they lost. That accounted for the state of their banking account. It did not appear to be generally realized by the public that hospitals were not only intended to treat the sick, but also to train doctors and nurses by whose services the public benefited. Medicine and surgery were becoming more complicated, and hardly a year passed but they had to start a new department. A light-ray department had recently been opened. He had heard from Mr. Alfred Langton, chairman of the hospital, that a friend of his who wished to be anonymous had expressed his intention of contributing £5,000 to the chairman's list. In thanking that gentleman, he (Lord Riddell), should like to add a similar sum. (Cheers.) As their overdraft was extremely embarrassing it had been suggested that they should close two of the wards. It might have to come to that, but they hoped to avoid it. So long as they received the support of the public the board would endeavor to carry on.

Mr. Joseph Cunning (senior surgeon of the hospital), also replied.

Viscountess Elveden submitted the toast of "The Medical School," to which response was made by Professor Winifred Cullis, who stated that eleven hundred medical women had

qualified in the school and were now scattered throughout the Empire.

Dr. May Thorne afterwards proposed the health of the president of the hospital. This was seconded by Mr. F. R. S. Balfour.

In replying, Lord Riddell expressed his thanks for the generous response that had been made to his appeal.

CORNER STONE IS LAID FOR NEW NURSES' HOME

Commemorating the tercentenary of the celebration of the first mass in the London district and the centenary of the foundation of the city of London, notable ceremonies were in progress throughout the latter part of September.

On the 28th, the formal opening of Brescia Hall, a new college for women, took place. This college will be affiliated with the Western University. On the 29th, the new Saint Peter's Seminary was formally opened. On the 30th, the ceremony consisted of the laying and solemn blessing of the corner stone of the new nurses' home forming part of St. Joseph's Hospital.

An address appropriate to the occasion was delivered by Hon. Charles Murphy, K.C., LL.D.

After a tribute to his life-long friend, Bishop Fallon, with whom he had been associated in old student days at Ottawa College, Mr. Murphy paid his respects to the nursing profession. He pointed out that "we owe the modern city hospital as we have it at the present time to Pope Innocent III; the first school for nurses was organized by the Abbess Hildegarde, and Saint Camillus de Lellis was the founder of the first nursing order whose members devoted their lives, exclusively, to the care of the sick and the poor, not only in hospitals, but in their homes as well."

He recalled an interesting bit of Canadian History:

"In the records of the struggle between the French and the English for the possession of Canada, there is preserved an interesting narrative of the charity and devotion of the nuns who were in charge of the hospitals at Quebec, as well as of the humane character of General Wolfe, who led the English forces in their attack on that city.

"A six weeks' bombardment, and frequent engagements in the suburbs, filled the hospitals with sick and wounded, among whom were many of the attacking force. The sisters made no distinction in their care and treatment of the victims of war. Friend and foe were treated alike. Learning of this, General Wolfe addressed a letter to the Mother Superior, thanking her

for her great kindness to his wounded men and assured her that if fortune favored his arms he would extend his protection to her and to the community.

"Three weeks later, when the English entered the city, General Wolfe was dead; but the promise of the dead commander was faithfully carried out by his successor, General Murray. Guards were placed around the hospital and the buildings of the community and the soldiers were detailed to supply them with food and fuel.

"Thus the horrors of war were tempered by the charity and devotion of the women who in the sanguinary days of 1759 upheld the honor and traditions of the nursing profession in Canada."

The value of the work of the nurse in her public capacity Mr. Murphy illustrated by the following facts:

At Ottawa, in 1911, of 1,000 babies born alive, 236 died. In 1922, the deaths were reduced to 109.

Toronto figures are equally illuminating. They show in 1910, 140 deaths out of 1,000 babies born alive. In 1922, the number of deaths was reduced to sixty-five.

"It must, said Mr. Murphy, be a matter of great pride to all who have chosen nursing as their profession that the Government of Canada has recognized their services to the nation by giving permission to erect in the main hall of the Parliament Building at Ottawa the beautiful memorial that was placed there less than a month ago. That memorial portrays in silent, but graphic outline, the heroism and self-sacrifice that links the days of the women of France who first landed in Canada and nursed the dusky children of the forest with the more recent days of those other heroic and self-sacrificing women who, in the great war, yielded up their own lives while ministering to the sick, the wounded, the dying and the dead.

NURSING COURSE AT THE UNIVERSITY OF TORONTO

Under the auspices of the Department of Public Health Nursing of the University of Toronto, a new course in public health nursing was inaugurated about October first and lectures commenced. The course is in charge of Miss E. Kathleen Russell, M.A., Head of the Department. It includes four years of study, two at the University and two at Toronto General Hospital. On completion of the course, two diplomas will be awarded, one by the Department of Public Health of the Uni-

versity, and one by the School of Nursing at Toronto General Hospital. The number of students to be enlisted is strictly limited and pass matriculation and at least two honor matriculation subjects are required for entrance.

TORONTO, WESTERN AND GRACE HOSPITAL

The Board of Governors and Officers of the Toronto Western Hospital and Grace Hospital, held a reception in the new Edith Cavell Memorial Nurses' Residence on Thursday evening, October twenty-first. The evening was a most delightful one and the attendance large.

HOSPITAL FOR WHITBY

Whitby has made a move in the direction of getting a small hospital of its own. At a meeting of citizens held in the town hall, called by the town council, a committee of prominent citizens, Drs. G. L. MacDougall, Proctor and C. F. McGillivray and R. F. McLaren, Joseph King, R. N. Bassett, G. A. Goodfellow, J. McIntyre, E. L. Odlum, F. H. Annis and J. E. Willis was delegated to inquire into the state of the present hospital fund, and secure figures on the cost of a hospital building.

Enthusiasm was worked up when officials of the hospital at Bowmanville, with a population the same as Whitby, gave figures showing how, prior to 1912, the same conditions prevailed there as in Whitby, when it was decided to establish on a small scale a hospital. To-day the hospital was loyally supported by the citizens and greatly helped by a ladies' auxiliary. Deficits were unknown and last year there was a surplus of over six hundred dollars, after all expenses were paid.

OWEN SOUND HOSPITAL

At the annual meeting of the Owen Sound General and Marine Hospital trustees held in the city council chamber, Joseph R. McLinden, for the past several years president, was re elected. With a new annex in sight, a building to cost in the neighborhood of $50,000, and an enterprise which is a tribute to Mr. McLinden as well as several other prominent citizens, it was thought only just that he should be given another term to see the completion of his plans.

The other officers elected were: 1st vice-president, Dr. G. H. Holmes; 2nd vice-president, R. D. Little; secretary-treasurer, Col. J. P. Telford. The trustees for the year are as follows: A. D. Creasor, Rev. J. L. McInnis, E. J. Harrison, R. D. Little, Dr. G. H. Holmes, J. R. McLinden, Mrs. E. W. McQuay, Mrs. Barrett, John Parker, Mrs. W. H. Taylor, Rev. Father Roche, David Rutherford, Rev. Dr. J. D. McKenzie-Naughton, Wallace Elmslie, Richard Corbett, Mrs. W. H. Merrett, Elias Lemon, Mrs. Frizzell, Dr. Richard Howey, Judge Sutherland, R. P. Findlay.

WOODSTOCK HOSPITAL

That the equipment of the Woodstock (Ont.) Hospital has been brought up to such a standard that within the next year the institution will in all probability be accepted as a standardized hospital, was the statement which featured the annual report of E. W. Nesbitt, president of the Woodstock Hospital Trust, at the annual meeting of that body.

The recent additions include a laboratory, X-ray equipment and a sun-ray lamp, which are already being used to a large extent. The hospital year ended with a financial balance of over nine hundred dollars. The following were elected as trustees of the hospital: John Bain, Dr. A. M. Clark, E. J. Coles, J. G. Dunlop, T. L. Hay, H. A. Little, E. W. Nesbitt, J. D. Patterson, J. R. Shaw and W. J. Taylor.

PORT HOPE HOSPITAL TRUST HOLDS ITS ANNUAL MEETING

The Port Hope Hospital Trust held their annual meeting at the Town Hall on October 21 and heard numerous reports regarding the past year's activities. A financial statement showed a small deficit. A total of 616 patients were treated at the hospital during the past year, an increase of seventy-one over last year.

The following trustees were re-elected: Mrs. E. Edgar, E. M. Thurber, H. A. Ward, C. S. Mann, Robt. Hume, J. A. Hume, S. S. Dickinson, H. A. Fulford, Thos. Garnett, T. B. Chalk.

KINCARDINE HOSPITAL BOARD

Reports presented at the annual meeting of the Kincardine General Hospital Board on October 21st, were very satisfactory. Another meeting for the election of officers will be held shortly.

HOSPITAL AIDS ASSOCIATION

The concluding session of the thirteenth annual convention of the Ontario United Hospital Aids Association was held at Oshawa on October 7th. Mrs. R. S. McLaughlin, of Oshawa, was elected president, and Mrs. Frank Bull, also of Oshawa, was chosen as secretary-treasurer. The executive will include the presidents of the various aids in Ontario. A pleasing event of the convention was the presentation of a life membership in the Ontario Association to Mrs. Annie D. Waterous, of Brantford, who was one of the early presidents of the association.

HOSPITAL COLOR SCHEME

A color scheme has been worked out for the different rooms at the hospital of the University of Denver. The X-ray room has walls of a violet red, which has great light absorption power. In the operating room a soft grey is used. The wards for disturbed patients have yellowish green walls because this color has been found to have a tranquilizing and cheerful influence. Rooms with a northern exposure have yellow walls, and those with a southern outlook have sunshine grey walls and furnishings.

BRUCE COUNTY HOSPITAL CLOSES SATISFACTORY YEAR

The annual meeting of the County of Bruce General Hospital Trust was held in Walkerton, on October 20. The Secretary's report for the year was very satisfactory. The following officers were elected for the ensuing year: president, David Trail; first vice-president, the Warden for the County of Bruce; second vice-president, the Mayor of the Town of Walkerton; treasurer, L. G. Crozier; secretary, George D. McKay; auditors, W. A. Burrows and Thomas Rankin; trustees, David Robertson, K.C.; R. E. Truax, ex-M.P.; Andrew Oberle, Andrew O'Neil, H. Pletsch, George S. Schwindt, W. A. Burrows, L. C. Benton and Allan Nelson.

TORONTO NURSE IS APPOINTED AS HEAD OF LONDON HOSPITAL

Miss Haldenby, Supervisor of the Sick Children's Hospital at London, has resigned, and Miss Hubbard, graduate of the Hospital for Sick Children, Toronto, was named as successor.

ENCOURAGING ANNUAL REPORT MADE TO HOSPITAL BOARD

At the annual meeting of General and Marine Hospital, Collingwood, on October 19th, reports showed that during the year 715 patients had received treatment. The receipts on maintenance account were reported as $33,842.72, and the expenditures $31,728.59. During the year, a modern X-ray plant was installed at a cost of about $5,000. The following officers were elected: president, David Williams; vice-president, A. Qua; secretary, N. S. McKenzie; treasurer, H. Trott.

CANADIAN FOLLOWS CANADIAN AS HEAD OF UNITED STATES SURGEONS

Dr. George David Stewart, of New York, is the president-elect of the American College of Surgeons for the ensuing year. Dr. Stewart is a Nova Scotian. The president for the year just commencing is a Canadian, namely, Dr. W. W. Chipman, of Montreal.

Dr. Truman W. Brophy, of Chicago, and Dr. Frank H. Mewburn, of Edmonton, Alta., were elected vice-presidents for the ensuing year.

FIVE NURSES GRADUATE

The closing exercises of the graduating class of 1926 of the Memorial Hospital, St. Thomas, were held in the Masonic Temple auditorium on October 28th, several hundred citizens attending; five nurses were graduated, representing the last class to enter the old hospital. The 1927 class will number from twelve to fifteen nurses and will be the first of the new hospital enrolments. The 1926 graduates are: Miss Jennie Smale, Yarmouth; Miss Verna McCallum, Iona Station; Miss Elveretta Dodds, Belmont; Miss Annie Campbell, Lawrence Station; Miss Ivy Heaver, Port Huron.

The Sisters of Charity, of Providence, Que., will open a general hospital this winter in the building formerly known as the Canadian Country Club, Montreal East.

The annual meeting of the Manitoba Medical Association was held in the Fort Garry Hotel, Winnipeg, on September 1st to 3rd, inclusive.

Dr. C. M. Pratt has been appointed to fill the vacancy on the Board of Commissioners of the General Public Hospital, St. John, N.B., caused by the resignation of Dr. E. J. Ryan.

The interne staff of St. John General Public Hospital, St. John, N.B., is composed this year of the following McGill graduates: Dr. G. A. Strapp, Harbor Grace, Nfld.; Dr. G. F. Meahan, Bathurst, N.B.; Dr. E. B. Hall, of Bridgetown, N.S.; Dr. R. A. Salter, Bridgetown, N.S.; and Dr. P. S. Skinner, of Halifax, N.S.

St. John County Hospital, New Brunswick, are installing many improvements in their X-ray Department, making it as complete an equipment as will be found in any hospital in Eastern Canada.

A new Women's General Hospital will be soon erected in Montreal, the estimated cost of the building to be around $300,000.

The new Sacred Heart Hospital, at Cartierville, Que., is now receiving patients. Through a contract with the hospital authorities, the City of Montreal has rented for a period of twenty years two hundred beds, to be held for poor tubercular patients living within the city limits.

The Out-door Department of the Maternity Pavilion of the Royal Victoria Hospital, Montreal, was opened on September 7th, the gynecological department being under Dr. W. W. Chipman.

Obituary

HENRY EDWARD WEBSTER

Much sorrow is felt by the friends of Mr. H. E. Webster, late superintendent of the Royal Victoria Hospital, Montreal, at his comparatively early demise in October; because of his kindliness of heart to them when in need of his help or services. Mr. Webster had been in the employ of the Royal Victoria from young manhood, having entered its service in a comparatively humble position. He worked his way up to the top,

through industry, reliability, and business ability. The decedent took an active part in the American Hospital Association and also in the old Canadian Hospital Association. When the latter-named body met in Montreal, it will be remembered by those present that Mr. Webster played the host perfectly. The same may be said of him at the Montreal meeting of the American Hospital Association. Mr. Webster was a member of the Kiwanis Club, the Sons of England, the Masonic Fraternity; and took an active interest in the welfare of those with whom he came in contact.

Under Mr. Webster's regime the Royal Victoria became one of the leading world hospitals—one of which every Canadian who has seen and visited may well be proud. Mr. Webster's relation with the medical staff seemed close and very pleasant; also with the nurses and employees generally.

The esteem and affection in which Mr. Webster was held may be judged from the fact that his sick room was filled with flowers during his last illness and scores of floral tributes were sent to his bier.

During Mr. Webster's long illness Mr. Henry G. Baxter, acting superintendent, did double duty in carrying on the onerous and responsible duties of administering the affairs of the hospital.

Book Reviews

Principles of Medical Treatment. By George Cheever Shattuck, M.D., A.M., Assistant Professor of Tropical Medicine, Harvard Medical School. Sixth Edition Revised and Enlarged with Contributions by the Following Authors: J. C. Aub, M.D., Gerald Blake, M.D., John B. Hawes, 2d, M.D., Chas. H. Lawrence, M.D., Geo. R. Minot, M.D., Edwin H. Place, M.D., Francis M. Rackemann, M.D., B. H. Ragle, M.D., and C. Morton Smith, M.D. Cambridge: The Harvard University Press. 1926.

This is a remarkably succinct and interesting group of essays on some of the more important diseases. After a résumé of the etiology, pathology and diagnosis, the principles of treatment are enunciated and then adequately developed. The book contains valuable chapters on vaccine therapy and on medication.

The Human Body. By Marie Carmichael Stopes, Doctor of Science, London; Doctor of Philosophy, Munich; Fellow of University College, London; Fellow of the Royal Society

of Literature and the Linnean and Geological Societies, London. With fifty-three illustrations and color plates. New York and London: G. P. Putnam's Sons (The Knickerbocker Press). 1926. Price $2.50.

The purpose of this book is to present in simple language the facts of the anatomy and physiology of the human body. To this end the book is written in terminology which is supposed to appeal to the immature mind of the child, and is therefore spoiled to some extent for the more mature lay reader. In spite of this some of the analogies are quite good and the book will make a wide appeal to those anxious to delve into the mysteries of living.

General Nursing Questions and Answers. Model Answers, Written and Oral, to questions for the Final State Examinations in Nursing. By Doris Tayler, Sister-Tutor, York County Hospital and York City and District Infirmary. London: Faber & Gwyer Limited, 24 Russell Square, W.C. 1. Price 4/ net.

Miss Doris Tayler's book should prove tremendously useful to a nurse about to undergo her examinations, containing, as it does, questions and answers on subjects most apt to be used in hospital training schools. The amount involved in the purchase of such a book is money well expended.

Books Received:

Outlines of Massage and Medical Gymnastics. By Beatrice M. Goodhall-Copestake, Examiner to the Chartered Society of Massage and Medical Gymnastics; Teacher of Massage and Swedish Remedial Exercises to the Nursing Staff of the London Hospital. London: Faber & Gwyer Limited (The Scientific Press), 24 Russell Square, W.C. 1. Price, 1/6 net.

Preliminary Questions and Answers. Model Answers to Questions Set at the Preliminary State Examination in Nursing by Felicia Norton, S.R.N. London: Faber & Gwyer, 24 Russell Square, W. C. 1. 1926. Price 1/6 net.

Sunlight and Artificial Light. By Harold Wigg, Author of "Notes on Radiology for Nurses," etc. London: Faber & Gwyer, Limited; The Scientific Press, 24 Russell Square, W.C. 1. 1926. Price, 1/6 net.

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As every practitioner realizes, it is clearly understood that as valuable as is the property of hardness in food, if cannot produce the best results unless it is "backed-up" by other properties contributing to physiologically adequate food intake. For example, even well developed teeth may subsequently deteriorate with faulty diet even though the requirements for hard foods are well met.

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Evidence of the dental defects among public school children is found in the report of a recent investigation made by the United States Public Health Service and other agencies, which shows that among the class of defects observed in school children that of dental defects was not only larger than any other, but larger than all others combined. Approximately 49 per cent. of the children surveyed had defective teeth.

The necessity of wide use of food which will induce proper mastication and at the same time provide balanced nourishment is seen in a recent statement of McCollum, who said: "In the prevention of dental caries, the only effective measure is to adopt a policy which will result in the formation of a dental mechanism possessing its own barriers of defense."

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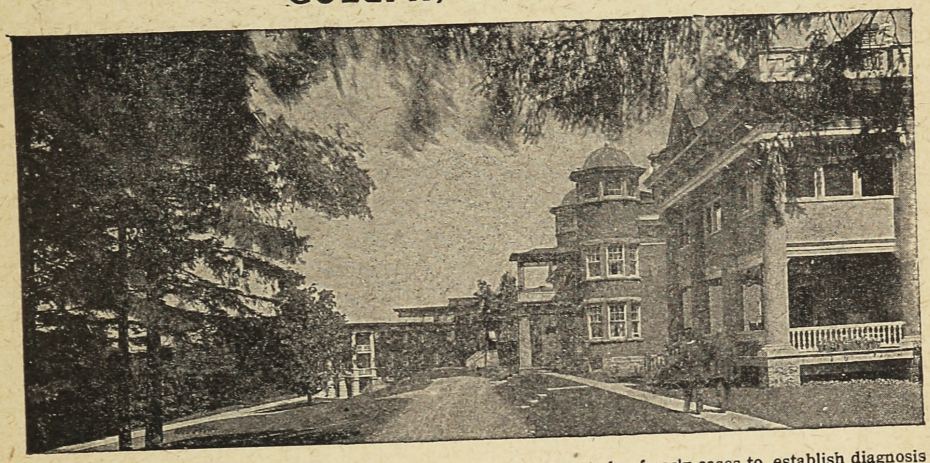
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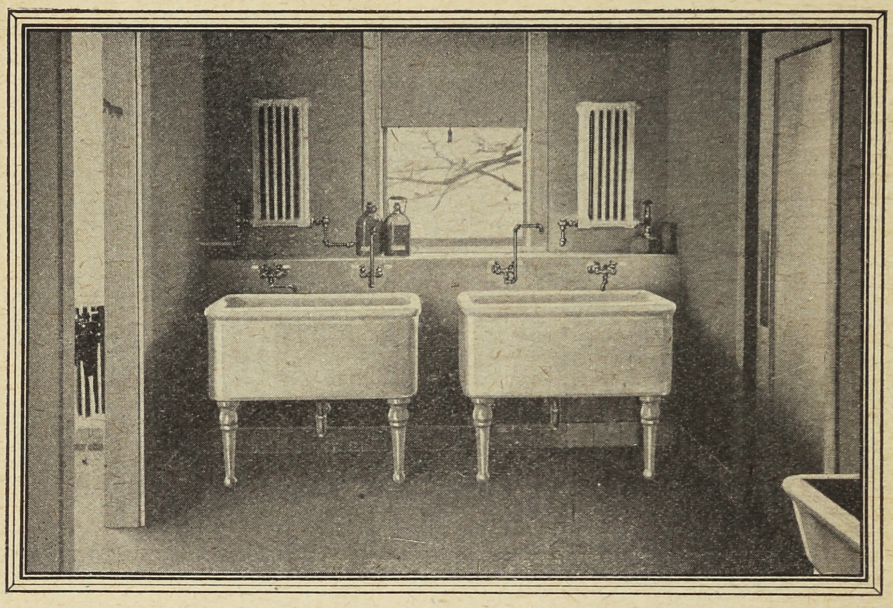
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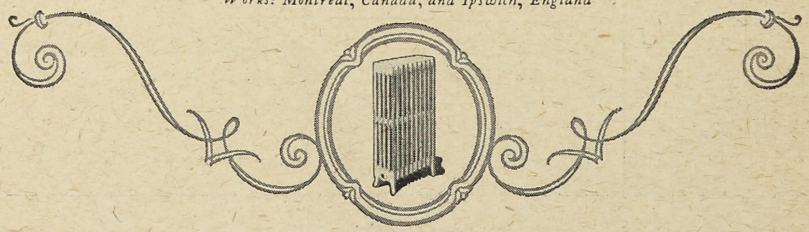
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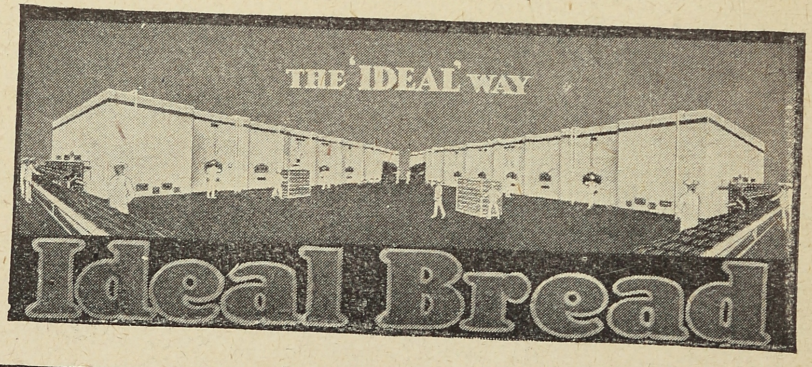
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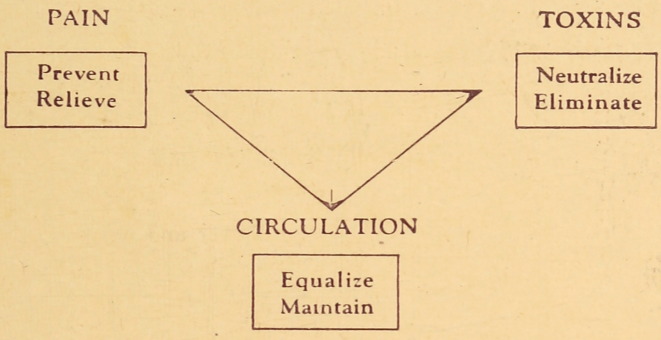
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